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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket
Number

1410P

First Named Inventor

SMITH, W. Novis

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SEPARATORS FOR ELECTROCHEMICAL DEVICES HAVING AN IONICALLY
CONDUCTIVE SOLID COMPOUND THEREIN

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

10/02/02

as United States Application Number or PCT International

Application Number

US02/34875

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

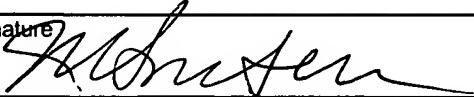

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> The address associated with Customer Number: 		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <u>Zachary T. Wobensmith, III</u>			
Address <u>6091 Carversville/Wisner Road, P.O. Box 370</u>			
City <u>Pipersville</u>	State <u>PA</u>	ZIP <u>18947-0370</u>	
Country <u>USA</u>	Telephone <u>(215) 766-9976</u>	Fax <u>(215) 766-1990</u>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>W. Novis</u>		Family Name or Surname <u>SMITH</u>	
Inventor's Signature 			Date <u>2-25-06</u>
Residence: City <u>Philadelphia</u>	State <u>PA</u>	Country <u>USA</u>	Citizenship <u>US</u>
Mailing Address <u>1830 Columbia Avenue</u>			
City <u>Folcroft</u>	State <u>PA</u>	Zip <u>19032-0005</u>	Country <u>USA</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Joseph B.</u>		Family Name or Surname <u>KEJHA</u>	
Inventor's Signature 			Date <u>2-25-05</u>
Residence: City <u>Meadowbrook</u>	State <u>PA</u>	Country <u>USA</u>	Citizenship <u>US</u>
Mailing Address <u>1830 Columbia Avenue</u>			
City <u>Folcroft</u>	State <u>PA</u>	Zip <u>19032-0005</u>	Country <u>USA</u>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	SMITH, W. Novis
Title	Separators etc.
Art Unit	
Examiner Name	
Attorney Docket Number	1410P

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Zachary T. Wobensmith, III	26,524

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

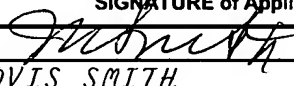
<input checked="" type="checkbox"/> Firm or Individual Name	Zachary T. Wobensmith, III		
Address	6091 Carversville/Wisner Road, P.O. Box 370		
City	Pipersville	State	PA Zip 18947-0370
Country	USA		
Telephone	(215) 766-9976	Fax	(215) 766-1990

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	2-25-05
Name	W. NOVIS SMITH	Telephone	(610) 522-5920
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	SMITH, W. Novis
Title	Separators etc.
Art Unit	
Examiner Name	
Attorney Docket Number	14TOP

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Zachary T. Wobensmith, III	26,524

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Zachary T. Wobensmith, III		
Address	6091 Carversville/Wisner Road, P.O. Box 370		
City	Pipersville	State	PA
Country	USA	Zip	18947-0370
Telephone	(215) 766-9976	Fax	(215) 766-1990

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Joseph B. Kezha</i>	Date	2-25-05
Name	JOSEPH B. KEZHA	Telephone	(610) 5225960
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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